

# VIRGINIA VOTER REGISTRATION APPLICATION

<b>1</b>	ARE YOU A U. S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO    ➤ IF NO, do <u>NOT</u> FILL IN THIS FORM.						
<b>2</b>	SOCIAL SECURITY NUMBER —    —	<b>3</b>	GENDER [CIRCLE ONE] MALE    FEMALE	<b>4</b>	DATE OF BIRTH Mo ____ DAY ____ YEAR ____	<b>5</b>	DAYTIME TELEPHONE NUMBER [       ]
<b>6</b>	LAST NAME [PRINT]                      FIRST NAME                      FULL MIDDLE OR MAIDEN NAME                      SUFFIX [JR, SR, III, ETC.]						
<b>7</b>	HOME ADDRESS [IF RURAL ADDRESS, SEE ALSO BACK OF FORM]    APT/UNIT/LOT/RM    CITY OR TOWN    ZIP CODE HOUSE NO. & STREET    OR    RURAL ROUTE & BOX NO.						
<b>8</b>	RESIDENCE P.O. BOX OR UNIFORMED SERVICE ADDRESS, IF APPLIES [INCLUDE ZIP CODE] <input type="checkbox"/> ACTIVE/RET LAW ENFORCEMENT <input type="checkbox"/> PROTECTIVE COURT ORDER						
<b>9</b>	<b>CONVICTION OF FELONY</b> • HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO • IF YES, HAVE YOUR VOTING RIGHTS BEEN RESTORED? <input type="checkbox"/> YES <input type="checkbox"/> NO • IF YES, WHEN RESTORED? [REQUIRED] MO ____ DAY ____ YEAR ____			<b>10</b>	<b>CIRCUIT COURT JUDGEMENT OF INCAPACITY</b> • HAVE YOU EVER BEEN JUDGED TO BE INCAPACITATED? <input type="checkbox"/> YES <input type="checkbox"/> NO • IF YES, HAS COURT RESTORED YOU TO CAPACITY? <input type="checkbox"/> YES <input type="checkbox"/> NO • IF YES, WHEN RESTORED? [REQUIRED] MO ____ DAY ____ YEAR ____		
<b>11</b>	<b>REGISTRATION STATEMENT</b> I SWEAR/AFFIRM, UNDER FELONY PENALTY FOR PERJURY, THAT: • I AM A U. S. CITIZEN AND A RESIDENT OF VIRGINIA. • THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE. • I AUTHORIZE THE CANCELLATION, ENTERED BELOW IN BOX 12, OF MY CURRENT REGISTRATION.						
<b>OFFICE USE</b> REGISTRATION DATE    PCT    TOWN CODE    DENIAL DATE & REASON		<div style="border: 1px solid black; padding: 10px; margin-bottom: 10px;">                     ↓ SIGN HERE ↓ [OR MARK, IF UNABLE TO SIGN]    ↓ DATE ↓                 </div> IF APPLICANT IS UNABLE TO SIGN, WRITE BELOW THE NAME/ADDRESS OF PERSON WHO ASSISTED: _____					

VA-NVRA-1 REV.1/98

Fold Here

<b>12</b>	<b>CANCELLATION OF CURRENT REGISTRATION</b> • ARE YOU REGISTERED TO VOTE AT ANOTHER ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO • IF YES, GIVE YOUR NAME AND THE ADDRESS WHERE YOU ARE <u>NOW</u> REGISTERED. NAME _____ ADDRESS _____ CITY/TOWN _____ STATE _____ COUNTY OF RESIDENCE [IF APPLIES] _____ THIS CANCELLATION WILL BE SENT TO THE COUNTY OR CITY AND STATE YOU ENTER ABOVE.
-----------	--

VIRGINIA-1

<b>ELECTION DAY OFFICIALS NEEDED . . .</b>	
<b>WHEN: ON ELECTION DAY</b> <b>REQUIREMENTS . . .</b> —HAVE ENERGY AND STAMINA —HAVE READING SKILLS AND CAN PRINT CLEARLY —ENJOY PEOPLE AND SERVICE TO OTHERS —WILLING TO ATTEND A TRAINING CLASS —WILLING TO ACCEPT A SMALL PAYMENT FOR A <i>BIG</i> SERVICE	<b>WHERE: AT YOUR POLLING PLACE [OR ONE NEARBY]</b> <b>YOU WILL BE HELPING TO . . .</b> —SET UP THE POLLING ROOM BEFORE THE POLLS OPEN —SET UP THE VOTING EQUIPMENT —CHECK THAT PERSONS ARE QUALIFIED TO VOTE —CLOSE THE POLLING PLACE —COUNT THE VOTES AFTER THE POLLS CLOSE
<input type="checkbox"/> YES, I AM INTERESTED IN WORKING AS AN ELECTION OFFICIAL ON ELECTION DAY. PLEASE SEND ME INFORMATION.	